

**Town of North Hampton
Permit Application for
Electrical, Plumbing, Mechanical, Sign, or Demolition Projects**

Building Inspector's Office – 964-8650

Property Owner

Name _____

Address _____

Phone _____

Permit Number _____

Date Issued _____

Location of Property _____

Map – Lot – Parcel _____ - _____ - _____

Contractor (applying for permit)

Company _____

Name (contact person) _____

Address _____

Phone _____

<u>Type of Permit (circle)</u>	<u>Residential</u>	<u>Commercial</u>
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Electrical	ER	EC
Plumbing	PR	PC
Mechanical	MR	MC
Sign	SR	SC
Demolition	DR	DC

NH Energy Code Results _____

Oil Burner Permit (FD) _____

Fee required: \$45

Date Received _____

Check # _____

I agree that all construction will comply with IBC 2000, NEC 2002, IPC 2000, IMC 2000 and ALL local ordinances. I understand that construction must begin within twelve (12) months of the date of issuance of the Permit. I agree to allow inspections, and certify that all statements are true to the best of my knowledge.

Minimum of 24 hours to schedule inspections. 964-8650

Signatures:
Applicant _____

Building Inspector _____

Date _____

Date _____

Description of Work: _____

